

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017923

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318

1003

4304

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dr. Paul Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>6049 Emma Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>Elsie</u> Middle <u>McWilliams</u> Last		4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/1/1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>	
11a. FATHER'S NAME <u>Jacob Grein</u>		11b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>420.0</u>	
17. INFORMANT <u>Mr. LeRoy McWilliams</u>		18. NAME OF HUSBAND OR WIFE <u>LeRoy McWilliams</u>	
19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
23a. TIME OF INJURY Hour <u>3:10</u> a.m. <u>AM</u> Month, Day, Year <u>12-1-60</u>	23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
24a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	24b. CITY, TOWN, OR LOCATION COUNTY STATE		
25. I attended the deceased from <u>12-1-60</u> to <u>4-18-63</u> and last saw her alive on <u>4-17-63</u>		26. DATE SIGNED <u>4-18-63</u>	
27. Death occurred at <u>3:10 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		28. SIGNATURE <u>Walter H. Spooneman, M.D.</u>	
29. ADDRESS <u>1515 St. Louis</u>		30. DATE SIGNED <u>4-18-63</u>	
31. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		32. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
33. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		34. DATE RECD. BY LOCAL REG. <u>APR 18 1963</u>	
35. FUNERAL DIRECTOR <u>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.</u>		36. REGISTRAR'S SIGNATURE <u>Read Smith, M.D.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
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STATE AMENDED

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ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Em Rister*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.